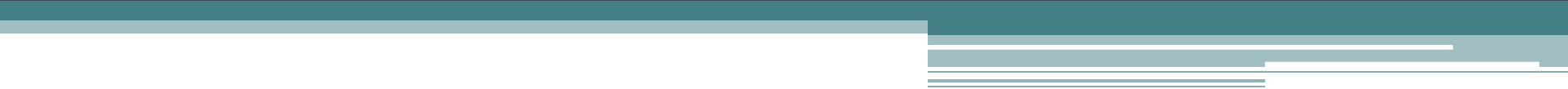


# Development of a Patient Focused Screening Colonoscopy Program (SCP)



Terry Anders BSN, RN, OCN

## Background

- Colorectal Cancer (CRC) is the 3rd most common cancer diagnosed and the 2nd leading cause of death amongst cancers for men and women combined.
- According to the ACS, there will be more than 140,000 new CRC cases diagnosed in 2012 and nearly 50,000 expected deaths. The ODH data indicates that ~6,000 Ohioans will be diagnosed in 2012 and 92% will be 50 years and older.
- The ACS recommends a screening colonoscopy for those 50 and older or who have a family history of CRC. For AA the age is 45.
- For AA the incidence rates are 20% higher and mortality rates are about 45% higher than those in whites.
- CRC is preventable, treatable and beatable when diagnosed at an early stage.
- Efforts to educate the public about the risks, prevention and screening of CRC have been non-existent in Central Ohio.

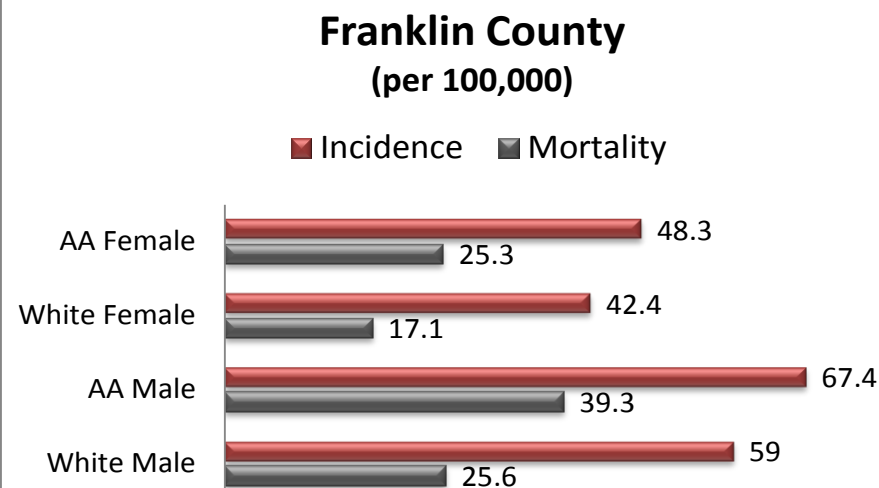
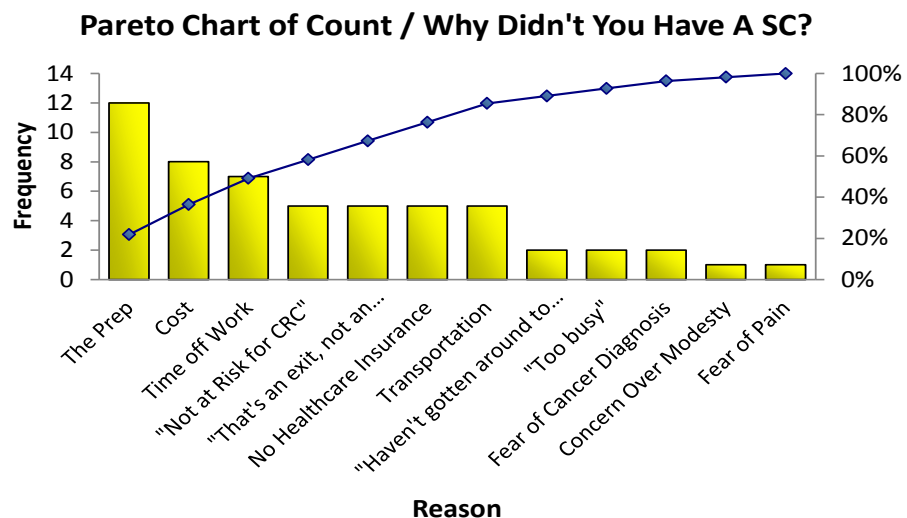
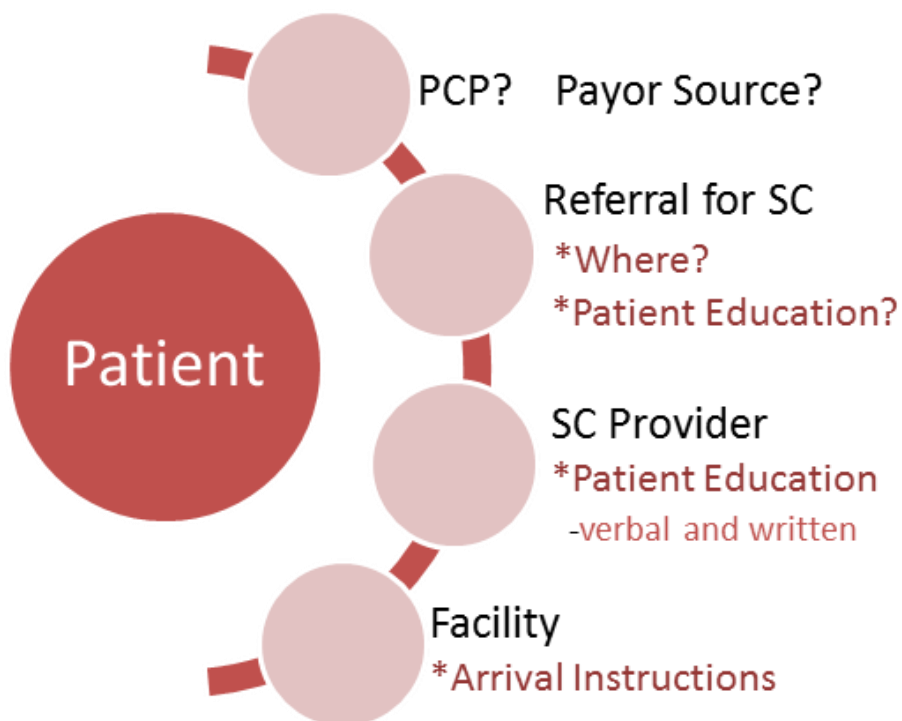
## Problem Statement

In Ohio, African Americans (AA) have the highest incidence rate of developing colorectal cancer (CRC) and AA males have the highest rate of death from CRC than any other gender or race. As a result, AA men and women are needlessly dying, families are left devastated, and limited healthcare resources are being utilized to treat a cancer that could have been detected or prevented had a screening colonoscopy been done.

# Plan: Develop a Patient Focused Screening Colonoscopy Program (SCP)

- The Healthcare System is redeveloping the Colorectal Service Line to put a greater emphasis on screening and post-acute care management.
  - The SCP has been integrated into the plan
- The SCP is comprised of three main initiatives:
  1. Community Outreach and Education: Reach out to Central Ohio high risk groups (AA communities)
  2. Provide a means to screen at risk individuals.
    - Assess and remove barriers to care.
  3. Initiate referrals for appropriate treatments and follow up for polyps or newly diagnosed CRC.

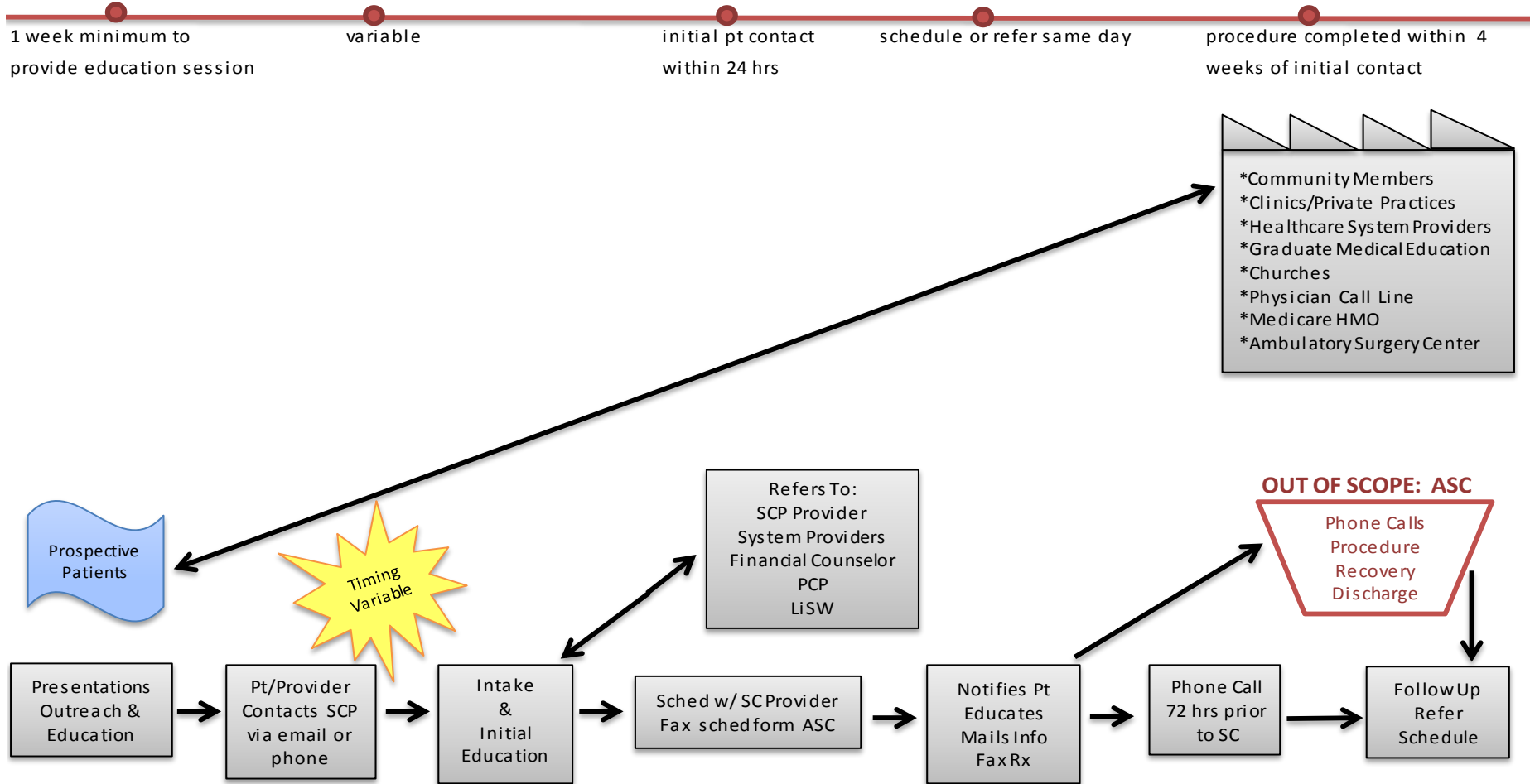
# Fragmented Healthcare



# Integrating Course Work with SCP

- Background Information:  
Gathering Data
  - Healthcare System
  - Franklin County
  - State of Ohio, National
- Problem Statement
- Hospital Charter
- SIPOC
- Affinity Diagram
- Patient Survey
- Pareto Chart of Survey Results
- Cause and Effect
- Gantt Chart
- 5 Why's - Numerous times
- Secret Shopper
- SCP Process Flow Map
- Communication Meeting
  - Outline SCP
  - Review Process Flow Map
    - “What If” (over and over)
    - Fee for Service, Scheduling
- Current State VSM
  - Fragmented care
- Future State VSM
  - Process Improvement
- VSM December 2012
  - Reducing variability

# Current State Dec. 2012



**Total Process Time:**

**Total Lead Time: (no biopsy)**

**Total Lead Time: (with biopsy)**

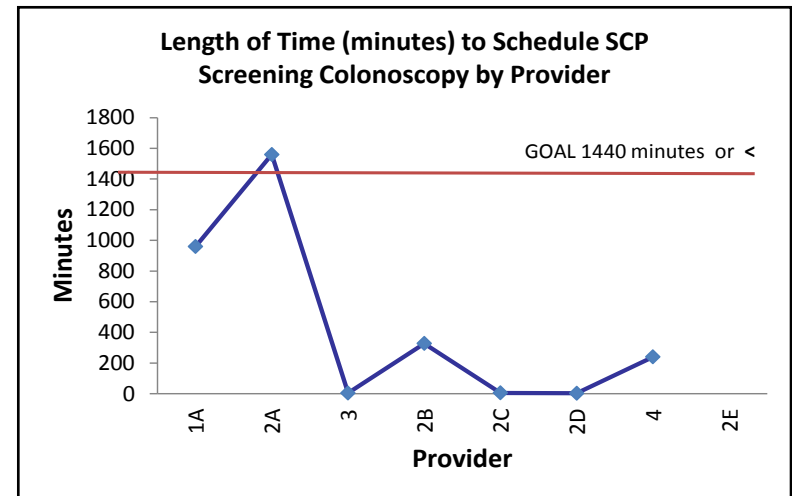
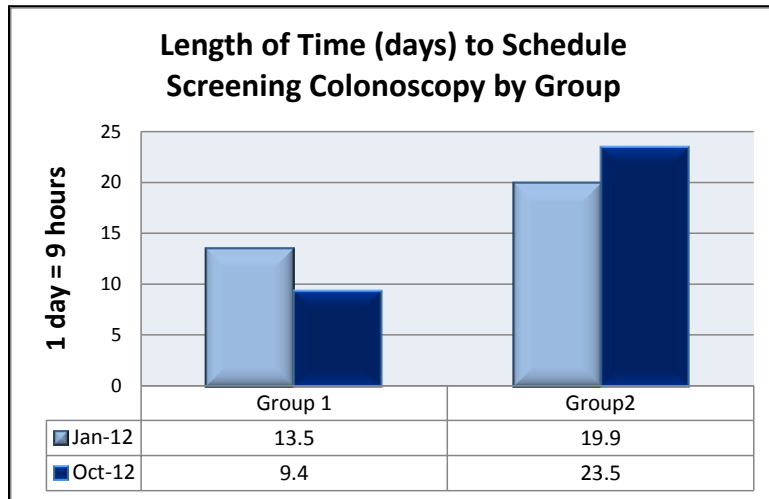
Providing Outpatient Care:

How is process time measured to be accurately portrayed in the VSM?

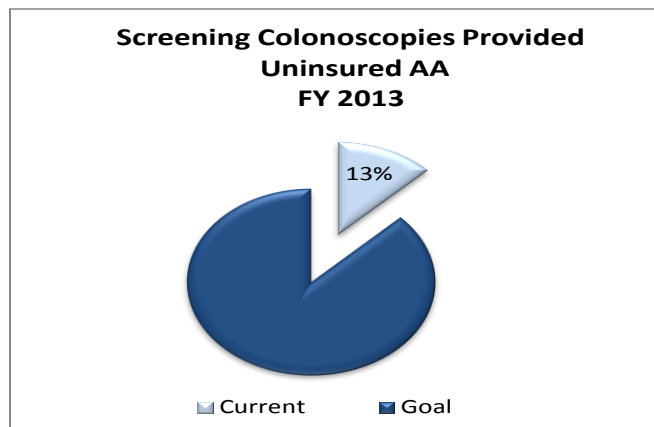
How can the variability with time be effectively reduced within the value stream?

# Progress on the Process

Goal: Intake to Schedule < 1440 minutes



FY 13 Goal: 10% ↑ in SC for Uninsured AA



Goal: Screening Colonoscopy will be provided within 4 weeks of Intake

**100%**

Goal: Provide 3 CRC Screening and Prevention Presentations per month

Sept	Oct	Nov
3	2	3

# PDCA

PLAN	DO	CHECK	ACTION
<b>Community Outreach</b>	Health Fairs or Presentations	Know the audience and neighborhood Education Materials “Give-A-Ways”	Appropriate attire Redesign AA info (M/Female) Limit amount out (grab-n-go 😊)
<b>Initial contact to SC</b>	3 weeks vs. 4 weeks	3 weeks is unreasonable d/t schedules.	Changed to 4 weeks, keep metrics
<b>SCP Intake Process</b>	Intake Call	SCP and ASC forms contain duplicate information	Combined into 1 document. Must have allergies, ht, wt, sleep apnea
<b>ASC PAT Orders</b>	Use of PAT orders	Are standing orders necessary for SC?	Currently being reviewed
<b>Patient Education</b>	Provide verbal and written pt education	Verbal pt educ with initial contact Written materials: when to mail?	Reinforce educ with each contact After notified of SC date/time
<b>Contacting Patient</b>	Preferred phone	Obtain preferred method of contact: Cell/home/parent/spouse/e-mail	Get as many phone #'s as possible and ask for secondary contact
<b>Provider Review of Procedure Note and Pathology Report</b>	Bin at ASC	Each CHP provider has a bin for the procedure note/path report	Docs don't check bin, reports now being faxed to Terry for follow up
<b>ASC Billing SCP</b>	Months end	Statement for facility and physician fee	Must include “write off” amount
<b>Promotional Item</b>	Toilet paper	Is this an appropriate item to use?	Very well received by all 😊

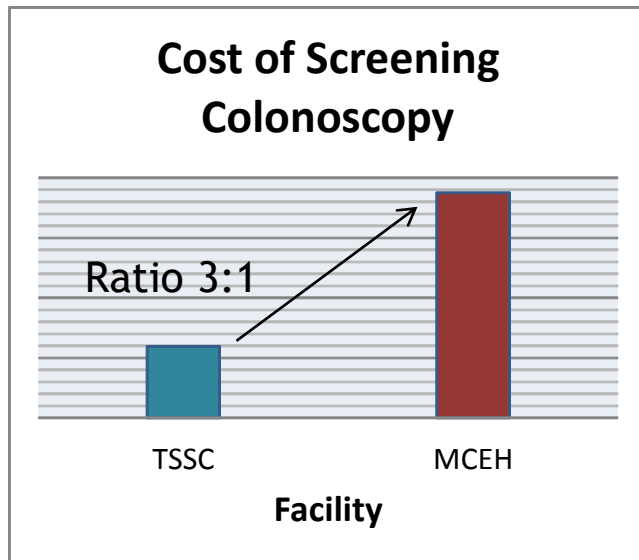


# Remaining Issues/Future Actions

	STATUS	RESPONSIBILITY	DELIVERY DATE
Promoting the SCP Internally:	Write "SCP brief"	T. Anders	12-07-12
• Medical Groups	Order/Obtain "Info Box" materials	T. Ambler	12-14-12
• Physician Partners	Assemble "Provider Info Box"	T. Anders and L. Mathews	12-28-12
• GME	Schedule appts to visit providers	T. Anders and L. Mathews	01-18-13
• CNP Clinic	Drop off "Info Box" & talk to physicians	T. Anders and L. Mathews	01-21 thru 2-22-13
Growing the Program:	Workplace Outreach staff will notify SCP if opportunity arises	K. Kinzig	Ongoing
Corporate Health Fairs			
Sustaining the Program:	Evaluate grant funding opportunities	L. Campise	Ongoing
Grant Funding and Direct Donations	Apply for additional grant funding	L. Campise	
	Solicit direct donations to SCP	Foundation, ASC	
Schedule CRC Screening and Prevention Presentations	Reach out to area churches via written letters. Follow up with phone call.	T. Anders and L. Mathews	Ongoing
	Reach out to Hospital Employee Health	T. Anders	February 2013
Review of SCP Processes and Review of Standard Work	Will be done after first quarter	T. Anders , D. Fankhauser, L. Mathews, L. Meikle	January 2013
Keeping Appropriate Metrics	Track referrals to MCW for diagnostic colonoscopy (symptomatic patients)	T. Anders	January 2013
			Ongoing
Patient Satisfaction Survey	Needs to be developed	T. Ambler	February 2013

# What Have I Learned?

- “Champion” required
- Know Your Audience:
  - Leadership Role
  - Department: Mgmt or Staff
  - Physicians
  - Community Members
- Politics and Perception: “Taking business from the hospital”



- Access to Program not Person:
  - SCP has its' own phone #, email and business cards.
- Educational Materials
  - Marketing Lead Time
- Every interaction is an opportunity to reinforce education:
  - SCP Providers and their staff
  - Physicians, CNP
  - Patients
- Transportation Issue: East Side
  - p/u prep and SC: patient can make arrangements
  - Extreme hardship: gas cards

*Doing the Right Thing Isn't Always Easy.*

# Accomplishments

- Developed a one of a kind SCP for the Healthcare System
  - Integrated into Colorectal Service Line
- Supporting Core Values:
  - Respect
  - Compassion
  - Care of the Poor and Underserved
  - Social Justice
  - Excellence
- Strengthened relationship between Ambulatory Surgery Center and the Healthcare System
- Proven model for continuous process improvement within Cancer Services
- Precancerous lesions removed:
  - Change in healthcare: patient, siblings, children
- Education and Support
  - 172 face to face interactions

